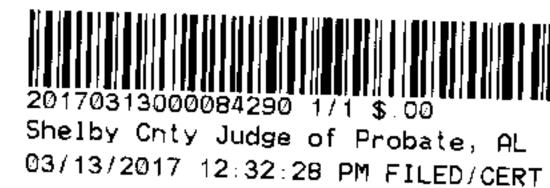
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

720 39th Street North Birmingham, AL 35222-1112 1-888-309-8435 or 205-934-6400

THIS IS NOT A BILL



STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is 720 39th Street North Birmingham, AL 35222-1112, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Linda Brown of 45 Cornerstone Court Vincent, AL 35178 against all causes of action, suits, claims, counter claims and demands accruing to the said Linda Brown or their legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

065375316.7060

0022,02.	01, 000				
	Amount Claimed:	\$18,860.00		Date of Admission:	03/01/2017
	Date of Injury:	03/01/2017		Date of Discharge:	03/01/2017
representa		-	_	claimed by such injured from such injuries are,	d person, or the legal to the best of the claimant's
Name:	State Farm Auto Insur	rance	Name:		
	Claim #0109689K0				''
Address:	PO Box 106515		Address:		
	Atlanta, GA 30348				
Alabama, she is the	personally appeared, authorized representa	Colundra McL tive for the claim and that the san e me this	rized Representing Pure eod, who being and as sure true and as sure are true and as of	blic in and for the Coung by me first duly sword that personal knowle correct.	ty of Jefferson, State of 1, doth depose and say that dge of the facts set forth in 2017.
			Notary Pul	HC	

Hospital Lien Prepared by: Wondricica Armer 720 39th Street North

Birmingham, AL 35222-1112

